MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10891

(207-m)

Reg. Dist. No. 94

1. PLACE OF DEATH:

County Cecil

City or town North East

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town North East Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no a veteran

3. (a) FULL NAME James T. Alexander

3. (b) Social Security Number 212-122-495

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced Singer

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 1877

8. AGE: Years 62 Months 8 Days 7 If less than one day hrs. min.

9. Birthplace North East, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business R.R. + W.P.A

FATHER 12. Name Geo Connor

13. Birthplace Md

MOTHER 14. Maiden name Emma V Alexander

15. Birthplace Balto. Md

16. Informant Mrs Abner Irwin

Address North East, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 22 1939 (month) (day) (year)

Cemetery or crematory North East, M.E.

Location North East, Md

18. Funeral director Joseph R. Grant

Address North East, Md

19. 11-22 1939 (Date rec'd by registrar) Geo. W. Owens Registrar Per L.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Crushed head with loss of Brains

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 11/19 1939

Where did injury occur? North East (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?) Penna R.R. track

Means of injury Probably hit by Railroad train Injured at work?

23. SIGNATURE John B. Slicer Coroner M. D. or other

Address Rising Sun Date signed 11/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96 — 10892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Port Deposit
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 5

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infants, give residence of mother)
State Maryland County Cecil
City or town Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. N. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Emanuel H. Badders

3. (b) Social Security Number 172 05 07 35

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie Irene Badders
6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) April 12, 1890

8. AGE: Years 49 | Months 7 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace Conowingo, Cecil co.
(Town, county, and state)

10. Usual occupation Operator

11. Industry or business Steam Crane

FATHER
12. Name Joseph W. Badders
13. Birthplace Conowingo, Md.

MOTHER
14. Maiden name Mary E. Spence
15. Birthplace Conowingo, Md

16. Informant Bessie I. Badders
Address Port Deposit, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27, 39 (month) (day) (year)
Cemetery or crematory Hopewell
Location Port Deposit, R. F. D.

18. Funeral director Lee A. Patterson
Address Perryville, Md.

19. Nov. 26 1939 Florence W. Sandel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1939, at 5 05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 27 1939, to Nov. 27 1939, and that I last saw h[im] alive on Nov 27 1939.

Immediate cause of death Angina Pectoris — DURATION 2 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. J. Benson M. D. or other
Address Port Deposit, Md. Date signed 11-25-39

RECEIVED
DEC 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

10893

CERTIFICATE OF DEATH

Reg. Dist. No. 9D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil Co. Md.
City or town: Near Warwick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil Co.
City or town: Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. or Farm: Near Warwick
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Y. Bostic

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6. (b) Name of husband or wife: Viola Bostic
6. (c) If alive, give age: 51 years
7. Birth date of deceased (mo., day, yr.): April 21st 1869
8. AGE: Years: 70 Months: 6 Days: 16 If less than one day: hrs. min.
9. Birthplace: Dunmanus Co. Ind.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business:
12. FATHER — Name: Unknown
13. FATHER — Birthplace: "
14. MOTHER — Maiden name: Unknown
15. MOTHER — Birthplace: "
16. Informant: Viola Bostic
Address: Middletown Del R 2
17. Burrial (Burial, cremation, or removal. Which?) Date thereof: Nov. 7th 1939 (month) (day) (year)
Cemetery or crematory: Crumptown Ind. Cemetery
Location: South of town
18. Funeral director: John F. Effage
Address: Odessa, Del.
19. Nov 6th 1939 (Date rec'd by registrar) Murray Busbar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5th 1939, at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15th 1939, to Nov 4th 1939, and that I last saw him alive on Nov 4th 1939.

	DURATION
Immediate cause of death: Coronary Thrombosis	unknown
Due to: Arteriosclerosis	unknown
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
20 Df operations:
Df autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. D. Viles M.D.
M. D. or other
Address: Middletown Del Date signed: Nov 6th 39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10894

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rising Sun Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Cooper

3. (b) Social Security Number: None

4. Sex	5. Color or race	5.(a) Single, married, widowed, or divorced
Female	Colored	—

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 15, 1939

8. AGE: Years: Still-born | Months: | Days: | If less than one day: hrs. min

9. Birthplace: Rising Sun, Cecil County Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Edward Cooper
13. Birthplace: South Carolina

MOTHER
14. Maiden name: Margaret Smith
15. Birthplace: Rising Sun Md

16. Informant: Edward Cooper
Address: Rising Sun

17. Burial (Burial, cremation, or removal? Which?) Date thereof: Nov. 16 1939 (month) (day) (year)
Cemetery or crematory: Mount Zorah
Location: Conowingo Md.

18. Funeral director: Elmer E. Bullock
Address: Havre de Grace, Md.

19. Nov. 16, 1939 (Date rec'd by registrar) Florence N. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15 1939, ~~11~~ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Still-born
Premature

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Claude L. Cowan
M. D. or other
Address: Havre de Grace Date signed 11-15-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137)

CERTIFICATE OF DEATH

10895

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Perryville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 74 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infant, give residence of mother)
State Maryland County Cecil
City or town Perryville, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME W. H. Seward Cooper

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Alice Taylor Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1865

8. AGE: Years	Months	Days	If less than one day
74	7	3	hrs. min.

9. Birthplace Charlestown, Cecil Co, Md (Town, county, and state)
10. Usual occupation Brick mason
11. Industry or business Contractor
FATHER 12. Name W. Charles Cooper
13. Birthplace Charlestown Md
MOTHER 14. Maiden name Rachel A. Bryson
15. Birthplace Elkton, R. F. D.
16. Informant Alice Taylor Cooper
Address Perryville, Md
17. Asbury Cem. (Burial, cremation, or removal, Where?) Date thereof Nov. 4, 1939 (month) (day) (year)
Cemetery or crematory Asbury Cem.
Location Port Deposit, R. F. D.
16. Funeral director Lee A. Patterson
Address Perryville, Md.
19. Nov. 2 1939 (Date rec'd by registrar) Florence M. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2nd 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 1st 1939 to Nov 2nd 1939, and that I last saw him alive on Nov. 2nd 1939.

	DURATION
Immediate cause of death General atheromata	10 yrs
Due to Age	
Due to Transurethral Prostatectomy	Oct 28 '39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Hypertrophy middle lobe Prostate Gland
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or other
Address Perryville, Md Date signed Nov 2 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

10896

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 mo.
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Edgar J Devine
3. (b) Social Security Number: 214-01-8999

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married,
6 (b) Name of husband or wife: Verna Devine
6(c) If alive, give age: 30 years
7. Birth date of deceased (mo., day, yr.): July 2, 1902
8. AGE: Years 37 Months 4 Days 11 If less than one day ___ hrs. ___ min.
9. Birthplace: Earlville Md. Cecil Co. (Town, county, and state)
10. Usual occupation: Truck Driver
11. Industry or business
FATHER 12. Name: John Devine
13. Birthplace: —
MOTHER 14. Maiden name: Annette Vansant
15. Birthplace: —
16. Informant: Famous Ham
Address: Rising Sun Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-16-39 (month) (day) (year)
Cemetery or crematory: Brookview Cemetery
Location: Rising Sun, Md.
18. Funeral director: Ralph M Reed
Address: Rising Sun, Md.
19. Nov 14 1939 (Date rec'd by registrar) F. H. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 13 1939, at 6 45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 14 1939, to Nov. 13 1939, and that I last saw him alive on Nov. 13 1939.

Immediate cause of death	DURATION
2) Medullary Pressure	Nov. 13
Due to 1) Compound Fracture of Skull	Oct. 14.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: Depressed Inner Table of Skull
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of Oct. 14, 1939
Where did injury occur? Near Elkton, Cecil, Maryland (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Road Construction
Means of injury: Blow on head Injured at work? Yes.

23. SIGNATURE: Milford H. Sprecher, M.D. M. D. or other
Address: Elkton, Maryland Date signed: Nov. 13.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10897

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Outside Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Outside Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Leroy England

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie England

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1857

8. AGE: Years 82 Months 8 Days 14 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Joseph T. England
13. Birthplace Maryland

MOTHER
14. Maiden name Mary Alexander
15. Birthplace Maryland

16. Informant Annie England

Address Rising Sun

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 30-39 (month) (day) (year)

Cemetery ~~or crematory~~ Rose Bank

Location Rising Sun

18. Funeral director J. Earl Tyson

Address Rising Sun Md

19. 11/30 1939 (Date rec'd by registrar) L M Worthington Registrar

Permit issued 11-30-1939

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1939, at 11.45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939 19 , to November 1939, and that I last saw him alive on Nov. 26 1939.

Immediate cause of death Angina Pectoris — DURATION 1 week

Due to Arterio-sclerosis — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M Kreaf M. D. or other

Address Rising Sun Md Date signed 11/29/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 96

10898

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Cecil
(b) City or town Fort Deposit, Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Washington (County)
(c) City or town Washington
(If outside city or town limits, give township)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjiman J. Eslin

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Julia P. Eslin

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9-1865

8. AGE: Years 73 | Months 11 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation —

11. Industry or business Dental Surgeon

FATHER
12. Name Columbus J. Eslin
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Rachel Lanham
15. Birthplace Md

16 (a) Informant Melville C. Eslin
(b) Address Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2 1939 (month) (day) (year)
(c) Cemetery or crematory Glen Wood
Location Washington D.C.

18 (a) Funeral director Lee A. Patterson
(b) Address Perryville, Md.

19 (a) 12-1-39 (Date rec'd by registrar) (b) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. Date of death November 30 1939 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939 to Nov 30 1939 and that I last saw him alive on Nov. 30-39.

Immediate cause of death — Duration
Chronic Myocarditis 1 yr
Due to Chronic Endocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Benson M. D. or other
Address Port Deposit Md Date signed 11-30-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

10899

CERTIFICATE OF DEATH

Reg. Diat. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs. 5 mos. 3 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Perry Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: HIMMIGHOEFER, Emil

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of ~~husband or~~ wife: Mrs. Ella Himmighoefer

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 21, 1871

8. AGE:

Years	Months	Days	If less than one day
67	11	8	hrs. min.

9. Birthplace: Illinois
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business:

FATHER
12. Name: Fritz Himmighoefer - deceased
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records
Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof November 30, 1939 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Washington, D.C.

18. Funeral director: Pennington & Son

Address: Havre de Grace, Md.

19. 11-30-1939 (Date rec'd by registrar) Florence M. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29 19 39 at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 19 36 to Nov. 29 19 39.

and that I last saw him alive on Nov. 29 19 39.

Immediate cause of death	DURATION
Hypertensive heart disease	Unknown
Due to —	
Secondary: Generalized arterio-	unknown
Due to — sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis

C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed 11-30-39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10900

(207-m)

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elk Mills Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24 y - 5 m 2 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Moffit St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Vincent A. Hitchens

3. (b) Social Security Number 218-05-3303

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single

8 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 13 - 1915

8. AGE: Years 24 Months 5 Days 2 If less than one day ____ hrs. ____ min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation Clerk.

11. Industry or business Gasoline filling station

FATHER
12. Name George W Hitchens
13. Birthplace Elkton Maryland.

MOTHER
14. Maiden name Margaret B. Marcus
15. Birthplace Elkton, Maryland

16. Informant George W Hitchens
Address Elkton Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov 29 1939 (month) (day) (year)
Cemetery or crematory Elkton Catholic
Location Elkton Md

18. Funeral director H W Pippin
Address Elkton Md

19. Nov 28 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26, 1939, at 1:49 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Hit by Fast Train on B & A R.R.

Due to Internal injuries

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 11/26/39
Where did injury occur? Elk Mills Crossing (City or town) Cecil (County) Md (State)
Injured at home, farm, industry, public place (where?) public place
Means of injury Injured at work? No

23. SIGNATURE John B. Glicer Coroner M. D. or other
Address Rising Sun Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1930
BUREAU V. S.

10901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (207-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elk Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 yrs 1 mo 30 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town ~~Elk Elkhorn~~ Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Moffit St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John Henry Ingram

3. (b) Social Security Number 215-01-2472

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Single

8 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 27 1915

8. AGE: Years 24 Months 1 Days 30 If less than one day ____ hrs. ____ min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation House Carpenter

11. Industry or business Building

FATHER
12. Name Busy Frank Ingram
13. Birthplace Providence Md

MOTHER
14. Maiden name Eva May Cameron
15. Birthplace Elkton Md

16. Informant Busy Frank Ingram
Address Elkton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov 29 1939
(month) (day) (year)

Cemetery or crematory Elkton Cemetery

Location Elkton Md

18. Funeral director H. W. Pippie
Address Elkton Md

19. Nov 28 1939
(Date rec'd by registrar)
F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26, 1939, at 1:49 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__,
and that I last saw h not alive on attended 19__.

Immediate cause of death Hit by Jack train on B & O Rail Road

Due to Internal injuries

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 11/26 1939

Where did injury occur? Elk Mills crossing (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?) public place

Means of injury Injured at work? no

23. SIGNATURE John B. Slier coroner
M. D. or other

Address Rising Sun Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-P)

10902

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Cecil
City or town Aikin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 93 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infant give residence of mother)
State Maryland County Cecil
City or town Aikin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Civil war

3. (a) FULL NAME Henry Jackson

3. (b) Social Security Number None

4. Sex male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of ~~husband~~ or wife Elizabeth A. Jackson
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 20, 1846
8. AGE: Years 93 Months 7 Days 25 If less than one day hrs. min.
9. Birthplace Port Deposit, Cecil Co., Md. R.F.D. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Tenant
12. Name of father Charles Jackson
13. Birthplace of father Port Deposit, Md. R.F.D.
14. Maiden name of mother Georgiana Gorsell
15. Birthplace of mother Port Deposit, Md. R.F.D.
16. Informant Earl Jackson
Address Aikin, Cecil Co. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16, 1939 (month) (day) (year)
Cemetery or crematory Asbury
Location Port Deposit, Md. R.F.D.
18. Funeral director Lee A. Patterson
Address Perryville, Md
19. Nov. 18, 1939 (Date rec'd by registrar) Florence W. Sandersd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 19 39, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 07 19 39, to Nov. 14 19 39, and that I last saw h alive on Nov. 14 19 39.

Immediate cause of death Cerebral Thrombosis — DURATION 1 day
Due to General Atheromata
Due to Infirmities of age
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or other
Address Perryville Md Date signed Nov 17 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

CERTIFICATE OF DEATH

10903

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil County

City or town: Perry Point, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans Administration

Stay in hospital or inst. (yrs., or mos., or days): 7 yrs.11mos.19 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: South Carolina County: Sumpter

City or town: Manning Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ----

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: JUNE, Theodore G.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.): March 28, 1891

8. AGE: Years	Months	Days	If less than one day
48	7	20	---- hrs. ---- min.

9. Birthplace: Manning, South Carolina (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Jock June - deceased

13. Birthplace: South Carolina

MOTHER — 14. Maiden name: Elizabeth Belle, deceased

15. Birthplace: South Carolina

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 21, 1939. (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetry

Location: Baltimore, Maryland.

18. Funeral director: George T. Pennington & Son (Pennington & Son)

Address: Havre de Grace, Maryland.

19. Nov. 20, 1939. (Date rec'd by registrar) Florence W. Sanders, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November, 18, 1939, at 12 N

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29 1931, to November 18 1939, and that I last saw him alive on November, 18 1939.

Immediate cause of death	DURATION
Myocarditis, chronic diffuse.	Unknown
Due to: Unknown	
Due to: ----	
Other conditions: Cerebral Edema, left	1 day.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operation

Of autopsy: Myocarditis

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: (Sudden death) Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B Slicer coroner

JOHN B. SLICER, M.D. Coroner Cecil Co.

Address Date signed

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157E)

10904

CERTIFICATE OF DEATH

Reg. Dist. No. 98

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: ✓ Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Kathleen Lederer

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Oct 25 1939

8. AGE: Years: ✓ Months: ✓ Days: 9 If less than one day: hrs. min.

9. Birthplace: North East Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER

12. Name: Blerton Ward

13. Birthplace: Elbton, Md

MOTHER

14. Maiden name: Alfreda Lederer

15. Birthplace: North East, Md

16. Informant: Alfreda Lederer

Address: North East, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 3 1939 (month) (day) (year)

Cemetery or crematory: North East M.E.

Location: North East Md

18. Funeral director: Joseph R. Grant

Address: North East, Md

19. Nov 3 1939 (Date rec'd by registrar) Geo. H. Owens Per L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2 1939, at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Nov. 2 1939, and that I last saw her alive on Nov 1 1939

Immediate cause of death: Spinabifida

Due to: Malformation

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: Since birth

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. or other

Address: Elbton, Md Date signed: 11/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 1 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (193)

CB

10905

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil

City or town Perryville Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For [illegible] residence of mother)

State Kentucky County Carter

City or town Olive Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Paul F. Marshall

3. (b) Social Security Number 085-10-3976

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Emma R. Marshall

6(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) May 6, 1905

8. AGE: Years 34 Months 6 Days 22 If less than one day hrs. min.

9. Birthplace Covington, Va. (Town, county, and state)

10. Usual occupation Bridge Builder

11. Industry or business Steel Construction

FATHER

12. Name W. K. Marshall

13. Birthplace Covington, Va

MOTHER

14. Maiden name Emma D. Brown

15. Birthplace Covington Va.

16. Informant Emma R. Marshall

Address Olive Hill, Kentucky

17. Burial (Burial, cremation, or removal Which?) Date thereof Dec. 3, 1939 (month) (day) (year)

Cemetery or crematory Pleasant Valley

Location Olive Hill, Kentucky

18. Funeral director Lee A. Patterson

Address Perryville, Md.

19. Nov. 29, 1939 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 28 1939, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 28 1939, to Nov 27 28 1939, and that I last saw him alive on Nov 27 28th 1939.

Immediate cause of death 30,000 Volts Electricity penetrated the body

Due to causing surface burns of left hand

Due to right foot, right shoulder and buttock

Other conditions Shock Extreme

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of

Where did injury occur? Highway bridge (City or town) Perryville (County) Cecil (State) Md.

Injured at home, farm, industry, public place (where?) State road bridge

Means of Injury Injured at work?

John B. Glenn MD Rising Sun Md.

23. SIGNATURE Charles J. Foley MD M. D. or other

Address 1 Havre de Grace Md Date signed 11/28/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a) Reg. Dist. No. 96

CERTIFICATE OF DEATH

10906

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Cecil
(b) City or town Perry Point Md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 22 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County
(c) City or town Perry Point Md Forrest Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Howard Meister — No Social Sec. Number

3 (b) If veteran, name war: World War
3 (c) Social Security No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Maude Meister
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 6, 1888

8. AGE: Years 51 | Months — | Days 27 | If less than one day ____hr. ____min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business: Govt Garage
FATHER 12. Name: Frederick Meister
FATHER 13. Birthplace: Baltimore Md
MOTHER 14. Maiden Name: Helen E. Kemp
MOTHER 15. Birthplace: Baltimore Md
16 (a) Informant: Miss Rose Galloway
16 (b) Address: Havre de Grace Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 1939 (month) (day) (year)
17 (c) Cemetery or crematory: Sunday Park Cemetery
Location: Baltimore, Maryland
18 (a) Funeral director: Manning Cooke Burial
18 (b) Address: 1600 West North Ave
19 (a) Nov 7 1939 (Date rec'd by registrar) (b) Florence W. Sadler Registrar

MEDICAL CERTIFICATION

20. Date of death November 2 1939, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1939, to Nov. 2 1939, and that I last saw him alive on Nov. 2 1939.

	Duration
Immediate cause of death: Apoplexy	10 min
Due to: Chronic Nephritis	1935
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Magraw M. D. or other
Address Perryville Md Date signed Nov. 7 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (213-d) CB

10907

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County Cecil Elk River

City or town Elk Neck, Near Turkey Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna County Montgomery ~~Delaware~~

City or town Penn Wynne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1455 Braddock Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None ~~[illegible] 041099425~~

3. (a) FULL NAME Charles Fulmer Meyers

3. (b) Social Security Number ~~[illegible]~~ 041099425

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen C Meyers

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) March 16, 1897

8. AGE: Years	Months	Days	If less than one day
42	7	15	hrs. min.

9. Birthplace Doylestown, Bucks, Penna (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Funiture hardware

FATHER 12. Name Charles Fulmer Meyers

13. Birthplace Passer, Pa

MOTHER 14. Maiden name Carrie Shelly

15. Birthplace Mechanicsville, Pa

16. Informant Joseph Shelly Meyers

Address Joseph Shelly Meyers 169, Mechanics St, Doylestown, Pa

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Nov. 27, 1939 (month) (day) (year)

Cemetery or crematory West Laurel Hill

Location Philadelphia, Pa

18. Funeral director Joseph R. Grant

Address North East, Md

19. 11 27 1939 (Date rec'd by registrar) Geo. H. Owens Per L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h im ~~[illegible]~~ dead Nov 26 1939

Immediate cause of death Drowning

Due to Falling off sailing boat while attempting to take in sail

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov 1 1939

Where did injury occur? Elk River (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John B. Slicer Coroner M. D. or other

Address Rising Sun, Md Date signed Nov 26-39

RECEIVED
DEC 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-C)

CERTIFICATE OF DEATH

10908

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Port Deposit
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Cecil
City or town Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. main St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret anne Molloy

3. (b) Social Security Number none.

4. Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1939

8. AGE: Years | Months | Days 16 | If less than one day hrs. min.

9. Birthplace Port Deposit, Cecil co. Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John G. Molloy
13. Birthplace West Grove, Pa

MOTHER
14. Maiden name Marjorie C. Boyd.
15. Birthplace Oxford, Pa.

16. Informant Marjorie C. Molloy.
Address Port Deposit, Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Nov. 30, 1939 (month) (day) (year)
Cemetery or crematory Oxford cem.
Location Oxford, Pa.

18. Funeral director Ed A. Patterson
Address Perryville, Md.

19. Nov. 29, 1939 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28. 1939 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12. 1939 to Nov. 25. 1939, and that I last saw h[illegible] alive on Nov. 25. 1939.

Immediate cause of death Congenital Heart -

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. F. Brown M. D. or other
Address Port Deposit. Md Date signed 11/28/39

RECEIVED
DEC 5 1930
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

10909

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County Cecil
City or town Port Deposit, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth M. Musselman

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife David H. Musselman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1859

8. AGE:

Years	Months	Days	If less than one day
79	11	20	____ hrs. ____ min.

9. Birthplace Landisville, Lancaster co. Pa.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home
FATHER 12. Name Elias Stump
13. Birthplace Lancaster co. Pa
MOTHER 14. Maiden name Regina Miller
15. Birthplace Germany
16. Informant Norman Musselman
Address Port Deposit, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 17, 1939 (month) (day) (year)
Cemetery or crematory Quarryville, Pa
Location Quarryville, Lancaster co. Pa
18. Funeral director Ed A. Patterson
Address Perryville, Md
19. Nov. 16, 1939 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1939 at 7 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939 to Nov-14 1939
and that I last saw h[illegible] alive on Nov-14 1939.

Immediate cause of death	DURATION
Carcinomas of Liver	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. F. Benson M. D. or other
Address Port Deposit, Md. Date signed 11/16/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

10910

CERTIFICATE OF DEATH

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Outside of Rising Sun Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rising Sun Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles F. Nesbitt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida Nesbitt

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) April 6 1861

8. AGE: Years 78 | Months 9 | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Woodlawn Md. (Town, county, and state) Cecil

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER 12. Name David F. Nesbitt

13. Birthplace Woodlawn Md.

MOTHER 14. Maiden name Mary Winchester

15. Birthplace Woodlawn Md.

16. Informant Charles Nesbitt Jr.

Address Port Deposit Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 (month) 8 (day) 39 (year)

Cemetery or crematory Cemetery

Location Hopewell Md.

18. Funeral director J. E. Tyson

Address Rising Sun, Md.

19. Nov 7 (Date rec'd by registrar) 1939 Registrar

Permit issued 11-9-1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Eleven hours A.M. 11/30 1939, at ____ M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Septic sore throat, Edema of laryngeal tissues,	
Due to Ray window roof fell to ground, struck head on	
Due to Brother from window roof to ground 12 feet	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of

Where did injury occur? Home (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Slicer (Coroner) M. D. or other

Address Rising Sun, Md. Date signed

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (56)

10911

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:
County Ceil
City or town Rising Sun Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Ceil
City or town Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna M. Reynolds

3. (b) Social Security Number

4. Sex: Femal
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Curtis Reynolds.
6(c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) Nov 16 1899
8. AGE: Years 50 Months Days 9 If less than one day ___ hrs. ___ min.
9. Birthplace Rising Sun Ceil Co Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Benjamin McVey
13. Birthplace North East R.F.D. Md.
MOTHER 14. Maiden name Ella M. Reynolds
15. Birthplace North East R.F.D. Md.
16. Informant Curtis Reynolds.
Address Rising Sun Md.
17. (Burial, cremation, or removal. Which?) Date thereof Nov 28 1939 (month) (day) (year)
Cemetery or crematory Brookview Cem Nov 28 1939
Location at Rising Sun Md.
18. Funeral director J. E. Tyson.
Address Rising Sun Md.
19. Nov 27 1939 (Date rec'd by registrar) L M Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1939, at 7 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1939, to 11-25 1939, and that I last saw her alive on 11-23- 1939.
Immediate cause of death: Acute dilatation of heart.
Due to Rheumatic myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE R L Dodson MD
M. D. or other
Address Rising Sun Md. Date signed 11/25-39

Permit issued 11-27-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

CERTIFICATE OF DEATH

10912

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Cecilton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Louise Smith

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct. 17, 1939.
8. AGE: Years | Months | Days: 19 | If less than one day: ____ hrs. ____ min.
9. Birthplace: Union Hospital, Elkton, Md. (Town, county, and state)
10. Usual occupation: Infant.
11. Industry or business

FATHER
12. Name: Elwood Benj. Young
13. Birthplace: Fredericktown, Md.

MOTHER
14. Maiden name: Helen Elizabeth Smith
15. Birthplace: Cecilton, Md.

16. Informant: Helen Elizabeth Smith
Address: Cecilton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 6 1939 (month) (day) (year)
Cemetery or crematory
Location: Cecilton Md.
18. Funeral director: None (Mother)
Address
19. Nov 5 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 4 1939, at 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to Nov. 4 1939
and that I last saw her alive on Nov. 4 1939

Immediate cause of death	DURATION
Prematurity & Congenital Malnutrition	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. L. Dodson M.D.
M. D. or other
Address Rising Sun, Md. Date signed Nov 4 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

3-3141

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10913

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 hours
Stay in this community (yrs., or mos., or days) 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County New Castle
City or town Wilmington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 900 Van Buren st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Titus

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Caroline Titus
6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 6 - 1868

8. AGE: Years	Months	Days	If less than one day
71	5	0	hrs. min.

9. Birthplace Wilmington Del
(Town, county, and state)
10. Usual occupation Collector
11. Industry or business Steel & Iron Dept.
FATHER 12. Name David Titus
FATHER 13. Birthplace Wilmington Delaware
MOTHER 14. Maiden name Caroline Price
MOTHER 15. Birthplace Centreville Md
16. Informant Mrs Frances Miller
Address 900 Van Buren st Wilmington Del.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof 11/9/39 (month) (day), (year)
Cemetery or crematory Wilmington & Brandywine
Location Wilmington, Delaware.
18. Funeral director H. A. Pippin
Address Elkton Maryland
19. Nov 7 1939 (Date rec'd by registrar) F B Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1939, to Nov 6 1939, and that I last saw alive on Nov 6 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	4 hours
Due to: Apoplexy	
Due to: Arterio Sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert Boles M. D. or other
Address Elkton, Md Date signed 11/6/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-A)

CERTIFICATE OF DEATH

10914

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil Union Hospital

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 2 Days

Stay in this community (yrs., or mos., or days) 5Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil

City or town Rural near Childs Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Elkton Rd. 5

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henry Vandegrift.

3. (b) Social Security Number 214-01-0388

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Charry Vandegrift

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov 20 - 1874

8. AGE: Years	Months	Days	If less than one day
64	11	20	hrs. min.

9. Birthplace Chesapeake City Cecil Co Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name James L Vandegrift

13. Birthplace Maryland

MOTHER 14. Maiden name Emma Crandell

15. Birthplace NewYork

16. Informant Harry Vandegrift

Address Elkton Md R.D. 5

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12-1939 (month) (day) (year)

Cemetery or crematory Sharps Cemetery.

Location Near Fair Hill Md

18. Funeral director Florence E. Abernathy

Address Elkton R.D. 5 Md

19. Nov 11 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1939 to Nov 9 1939, and that I last saw him alive on Nov 9 1939.

	DURATION
Immediate cause of death Chronic endocarditis	9
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE H. T. Morrison, M.D. M. D. or other

Address Elkton, Md Date signed Nov 11

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DEC 5 1939
BUREAU V. S.

10915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-c)

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: Leslie
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 81 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Leslie Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Zillah A. Whitehead

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: John Whitehead

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Jan 23 1858

8. AGE: Years 81 Months 10 Days 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Leslie, Cecil Co. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business ✓

FATHER
12. Name: Joseph Benjamin
13. Birthplace: Charlestown, Md

MOTHER
14. Maiden name: Mary Ann Johnson
15. Birthplace: Leslie, Md

16. Informant: Amos Whitehead
Address: North East, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 4. 1939
(month) (day) (year)

Cemetery or crematory: Bay View Methodist

Location: Bay View Md

18. Funeral director: Joseph R. Grant
Address: North East, Md

19. Dec 4 - 1939 Geo. W. Owens
(Date rec'd by registrar) Registrar Per G.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30th 1939, at 7.52 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 - 1938 19__, to Nov. 30th 1939, and that I last saw her alive on Nov. 29th 1939.

Immediate cause of death: Chronic myocarditis

Due to: Hypertension

Due to:

Other conditions: Cerebral Embolism

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jacob J. Gottschalk Mo
M. D. or other

Address: Elkton Md Date signed 11/30/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1940
BUREAU V. S.